


2007 FOR PROFIT CORPORATION ANNUAL REPORT


may
FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000041280
 1. Entity Name
RICARDO R. CONDE INC



Principal Place of Business Mailing Address
P O BOX 112 **P O BOX 112**
DOVER, FL 33527 **DOVER, FL 33527**

DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2407793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONDE, RICARDO R
14206 MELOUGA PRESERVE TRAIL
DOVER, FL 33527

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


U00000658565
03/15/07-80043-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONDE, RICARDO R
STREET ADDRESS	P O BOX 112
CITY- ST- ZIP	DOVER, FL 33527
TITLE	S
NAME	CONDE, OLGA
STREET ADDRESS	P O BOX 112
CITY- ST- ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3-2-07 (813) 659-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #